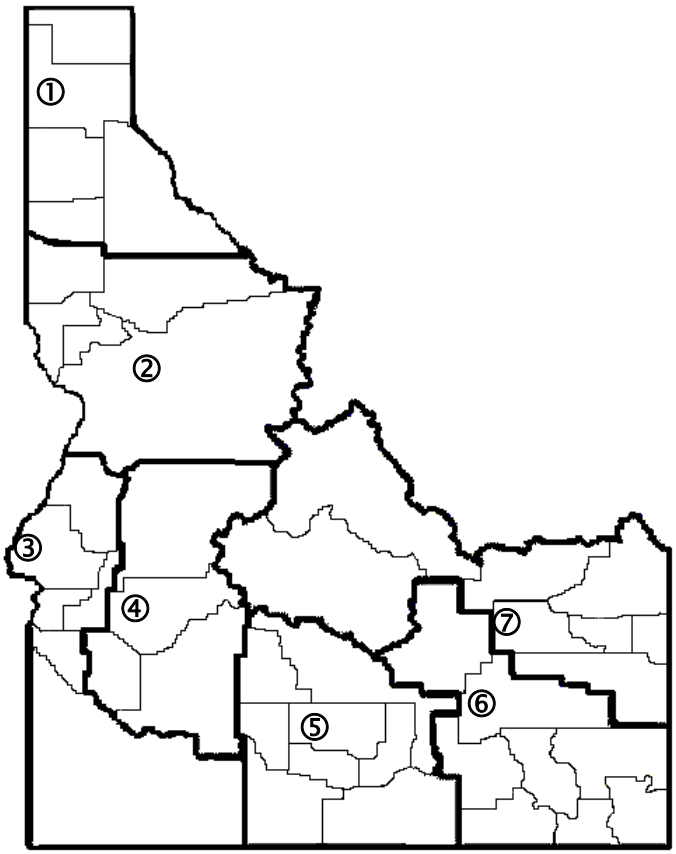
Idaho Asthma Needs Assessment

Based on Community Forums Conducted by the Seven Idaho Health Districts



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PROTECTING IDAHO'S BREATH

ASTHMA PREVENTION AND CONTROL

IDAHO DEPARTMENT OF HEALTH & WELFARE

CDC SAFER·HEALTHIER·PEOPLE™

August 2002

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ABSTRACT

In May 2002, the Idaho Asthma Prevention and Control Project, Division of Health, Idaho Department of Health and Welfare, in collaboration with the seven Idaho Health Districts conducted a statewide asthma needs assessment utilizing a facilitated community forum design. The purpose of the needs assessment was to identify key needs, resources, and issues that should be addressed in a comprehensive, statewide asthma plan. Comments gathered at the seven forums were analyzed for common themes, and those identified in at least six of the seven asthma forums were subsequently synthesized into four issue areas with fifteen sub-issues or elements:

1) Health Care – Diagnosis, treatment, patient adherence, education;

2) Environmental Factors – Environmental tobacco smoke, occupational impacts of asthma, and air quality;

3) School and Childcare Settings – Health staff, asthma management plan, access to medications, and asthma education;

4) Community Involvement and Public Policy – Surveillance (tracking), community support groups, asthma awareness, and coordination and collaboration.

The needs assessment results will be used at the Idaho Asthma Summit in Boise, Idaho September 23-24, 2002, to prioritize asthma issues and make recommendations for the development of a Comprehensive statewide asthma plan.

Idaho Asthma Needs Assessment
Based on Seven Idaho
Public Health District Asthma Forums

Introduction

Asthma is a chronic, potentially life-threatening, inflammatory disease of the airways that is increasingly being recognized as a major public health problem. Based on Centers for Disease Control and Prevention (CDC) data, the prevalence of asthma has risen and continues to rise in every region of the country and across all demographic groups, whether measured by age, race or gender.[1] As stated in its May 2000, *Action against Asthma – a Strategic Plan for the Department of Health and Human Services*, "The steady rise in the prevalence of asthma constitutes an epidemic."[2]

Even if rates were to stabilize, asthma would continue to be a profound public health problem. Currently it is estimated that 24.7 million people nationwide have asthma. More than a third of those with asthma are children under 18.[3] It is the most common chronic disease among children, and is the leading cause of school absenteeism, resulting in more than 14 million missed school days annually.[4] Asthma has serious consequences among adults, as well. It is the fourth leading cause of adult work absences[5], and can lead to job loss, disability and premature death. Asthma accounts for many lost nights of sleep, disruption of family and caregiver routines, and reduced quality of life.

According to data from the 2000 Idaho Behavioral Risk Factor Surveillance System (BRFSS), 10.8% of adults report having been diagnosed with asthma.[6] Using a conservative estimate of a 10% prevalence of asthma in Idahoans of all ages, over 129,395 people suffer varying levels of disability, decreased quality of life, and increased medical costs. Much of this

disability and disruption of daily lives is unnecessary, because effective treatments for asthma are available as outlined in nationally endorsed clinical practice guidelines.

However, asthma is a complex disease with numerous risk factors. This complexity requires a comprehensive solution involving many organizations and individuals, and extends well beyond medical care into the realm of public health, behavioral and lifestyle modification, education, housing, environment, and other government and community services. To facilitate integration and provide a means to monitor and measure progress toward long-term goals, there must be a plan that guides the efforts of all who are involved in the management of asthma.

Developing a Comprehensive Statewide Asthma Plan for Idaho

The Idaho Asthma Prevention and Control Project (IAPCP) was awarded a grant from the Centers for Disease Control and Prevention in September 2001 to create a comprehensive plan for a population-based approach to assess and address the burden of asthma in Idaho. With its emphasis on early and continuous public participation, the Comprehensive Health Education Model was chosen for the planning process. Stakeholder participation was welcomed and actively solicited for the Health District asthma forums as the asthma needs in Idaho were defined, and it will be on-going in the future phases of the planning process, including, the Asthma Summit and writing the comprehensive statewide plan.

The Asthma Summit

On September 23-24, 2002, the Idaho Division of Health will co-sponsor the first Idaho Asthma Summit. Other Asthma Summit sponsors include the Asthma Coalition of Idaho, Centers for Disease Control and Prevention (CDC), U. S. Environmental Protection Agency (EPA), and the National Institute of Environmental Health Sciences (NIEHS). The Summit will feature national speakers who will provide a comprehensive view of asthma and examine recent

efforts to understand and manage the disease. The Summit will also provide attendees the opportunity to participate in charting the course for future directions in asthma prevention and control in Idaho.

SUMMIT GOALS:

- Develop recommendations for a comprehensive statewide plan to address asthma in Idaho
- Build and strengthen partnerships for an effective, inter-disciplinary approach to asthma management
- Promote the health and wellness of those with asthma

The preceding statewide asthma needs assessment will be used by Asthma Summit participants as the platform for discussion, prioritization of statewide asthma issues, and recommendations for the development of a comprehensive, statewide Asthma Plan.

Writing the Comprehensive Statewide Asthma Plan

Utilizing recommendations developed by participants at the Asthma Summit in September 2002 as the basis for decisions in the strategic planning process, and with oversight provided by the Asthma Coalition of Idaho, committees of appropriate stakeholders will focus on drafting individual sections of the statewide Asthma Plan. There will be multiple opportunities for input into the Asthma Plan through the Asthma Coalition of Idaho, committees who will draft individual sections of the plan, periodic community meetings, electronic input from the community on the Idaho Asthma Website, and by communicating with Idaho Asthma Prevention and Control staff. The Plan is scheduled to be completed by May 2003.

Methods

In response to the need for a statewide plan that guides the efforts of all who are involved in the management of asthma, the Idaho Asthma Prevention and Control Project, Division of

Health, Idaho Department of Health and Welfare, in collaboration with the seven Idaho Health Districts conducted a statewide needs assessment during the month of May 2002 utilizing a facilitated community forum design and convenience sampling method. One asthma forum was conducted in each of the seven public health districts throughout the State. The objective of these forums was to create dialogue that would identify key needs, resources, and issues that should be addressed in a comprehensive, statewide Asthma Plan.

Staff from each Health District distributed public invitations and forum notices throughout their respective district. Additionally, Health District staff participated in TV, radio, and newspaper interviews highlighting the local asthma forum. (See samples in **Appendix A**) In each forum the public was invited to participate in a "town hall" meeting to discuss this important issue.

To facilitate discussion, panels of individuals with specific knowledge of asthma were organized in each district. Composition of panels differed slightly in each district. Included in these panels were physicians and other health care professionals, such as, school nurses, pharmacists, nurse practitioners, and respiratory therapists, as well as, environmental specialists and those with asthma and their families. To assure continuity, optimize participant dialogue, and provide evaluation, a consultant was engaged to facilitate all seven forums.

During all forums, comments received were recorded in one of four categories: access, education, policy, and other, to facilitate organization. A written comments form was developed (**Appendix B**) and distributed to those who were not able to attend. Interested parties were informed of their option to provide written comments through press releases and other publicity.

Following each forum, district staff compiled the comments into a district proceedings report. All seven reports were sent to Idaho Asthma Prevention and Control Project staff for compilation and analysis.

Results

The average forum attendance was 32 participants with more than 225 in total attendance. Written comments were received from an additional 62 individuals. Participants represented a broad spectrum of asthma stakeholders: State and local public health, medical professions (physicians, nurses, pharmacists, and respiratory therapists), education, environmental health, media, health advocacy groups, students, those with asthma and their families, business, and community coalitions (**Appendix C**). More than half (23) of Idaho's 44 counties were represented at the forums (**Appendix D**). Seventy percent of the 23 counties are rural counties; however, eighty-two percent of forum participants were from urban counties. It is important to note that 75% of Idaho's population is considered urban.

Over 882 comments, including written comments, were gathered at the seven forums. Individual comments that were recorded more than once under separate issues were adjusted to reflect its one-time occurrence. Multi-faceted comments were divided into single-issue comments for a total of 851 individual comments. The comments were analyzed for common themes, and those themes identified in, at least, six of the seven asthma forums were subsequently synthesized into four issue areas and fifteen sub-issues or elements. A table of needs assessment results can be found in **Section Two** of this report.

The choice to include only those issues that were identified by, at least, six of the seven asthma forums rather than four or five of the forums is, admittedly, arbitrary. However, the goal

of the seven asthma forums, and this report, was to identify those issues that have statewide impact, and therefore, should be addressed in a comprehensive, statewide Asthma Plan. While other issues may have been noted in individual Health District reports, their application is more regional than statewide.

Discussion

Asthma is, among others, a health care issue. Fifty-four percent of the comments made by Asthma Forum participants were health care related. This clearly identifies health care as only part of the problem. The Asthma Forum participants' recognition of asthma as a multi-faceted issue is well supported within recent literature. In its May 2000 publication, *Action Against Asthma*, the Department of Health and Human Services (DHHS) looks at asthma priority areas. Eleven of the fifteen elements identified by Asthma Forum participants can be found in these DHHS priority areas: diagnosis, treatment, education (patient/physician), environmental tobacco smoke, occupational asthma, air quality, school-based asthma education, surveillance, community support groups, asthma awareness, and coordination/collaboration. While four issues (patient adherence, school health staff, school-based asthma management plan, and student access to medications) were not specifically mentioned in *Action Against Asthma*, they are certainly inherent in the priority areas identified by DHHS.

In its recent, April 2002 guidance publication, *Guide for State Health Agencies in the Development of Asthma Programs*, the Centers for Disease Control and Prevention addresses fourteen of the fifteen elements identified by Asthma Forum participants. Only patient adherence is not mentioned.

Validity

The results of the seven statewide Asthma Forums represent the knowledge and experience of those in attendance. While heavily weighted toward qualitative data, the results are validated by quantitative data illustrating the wide distribution of participant occupations, counties represented, and numbers of participants, and are further validated by a search of recent publications as previously mentioned.

References

1. Centers for Disease Control and Prevention. (1998). *Surveillance for asthma—United States, 1960-1995.* Atlanta, GA: U.S. Department of Health and Human Services. Retrieved on June 13, 2000, from http://www.cdc.gov/mmwr/preview/mmwrhtml/00052262.htm.
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5. Asthma Facts. (2002). *Asthma and Allergy Foundation of America.* Retrieved on June 6, 2002, from http://www.aafa.org/templ/display.cfm?id=2&sub=100.
6. Bureau of Vital Records and Health Statistics. (2001). *Idaho Behavioral Risk Factors.* Boise, ID: Idaho Department of Health and Welfare. Retrieved on June 6, 2002, from http://www2.state.id.us/dhw/vital_stats/brfss/BRFSS_2000.pdf.

Format of needs assessment results

The following needs assessment results table is divided into four issue areas with fifteen sub-issues or elements. Each issue, and its attendant elements, is a separate tabbed section. The elements are organized numerically 1-15 under their appropriate issues heading. Specific comments and recommendations made by individual forum participants are included in the "Sample comments" heading under each element, and are formatted as bulleted items. The numbers in parenthesis are the number of comments made by forum participants. The three levels of bullets are organizational tools that allow related comments and recommendations to be grouped together, for example:

Issue 3 – Environmental Factors

Element #12 Air Quality (57 total comments)

Sample comments

B. Indoor air quality (10 comments)

- No agency is responsible for monitoring indoor air quality.
- Air quality groups should be identified to assist with indoor air quality problems.
- Asthma triggers need to be addressed in:
  - Homes
  - Childcare facilities
  - Schools
  - Worksites
  - Public access sites

Element # 1 Diagnosis (35 total comments)

Sample of comments

A. Differential diagnosis (13 comments)

- Asthma is difficult to diagnose in the very young and aged.
  - Early diagnosis is possible, as early as thirteen weeks of age, by the use of IgE antibodies to identify a genetic tendency to develop asthma.
  - Cough-variant asthma.
- Appropriate diagnosis is needed to successfully treat asthma.

B. Clinical guidelines (12 comments)

- National Heart, Lung, Blood Institute (NHLBI) Guidelines are not being followed There is a perception that there is no "gold standard" for asthma diagnosis.
- Implement national asthma guidelines [NHLBI].
- Physicians do not appear to share common criteria for diagnosis of asthma.
- Spirometry should be utilized as the primary standard for the diagnosis of asthma.

C. Under-diagnosis (10 comments)

- Patients and physicians have a fear of a diagnosis of asthma.
- It is difficult to access primary care for asthma in rural areas.
- Many rural areas rely extensively on mid-level practitioners who do not have the same skill level in diagnosing asthma.

Element #2. Treatment (200 total comments)

Sample of comments

A. Medications and equipment (44 comments)

- Cost of necessary equipment such as nebulizers, spacers, and peak flow meters is prohibitive, and they are often not covered by insurance.
- Medicare and Medicaid will not cover certain asthma equipment (nebulizers, spacers, and peak flow meters).
- Decreased access to medication and equipment means decreased long-term use for many patients.
- Patient assistance medication programs are available to patients who financially qualify.
- Prescription marketing is very strong in asthma medications.
- Pharmaceutical companies need to have sliding fee scale for asthma medications.
- Scholarship for asthma medication should be available.

B. Standard of care (38 comments)

- NHLBI guidelines are not being followed.
- Medical associations should work to develop statewide standards of care.
- Successful treatment is dependent upon appropriate diagnosis.
- A lack of consistency [among physicians] exists regarding the most effective means of treatment.
- Many primary care providers do not know about/agree on environmental triggers and their effects.

- Chart reviews of all asthma patients and reminder cards should be utilized to assure appropriate follow-up care.
- Physicians need to monitor prescription re-fills.
- Many primary care providers do not agree on referral protocols.
- Consistent asthma treatment plans are needed.
- Patients request that primary care providers utilize more visual aids and tools to teach patients and families.

C. Insurance (28 comments)

- Get the insurance carriers to recognize the financial benefits to preventive care and education, and extend coverage to these areas.
- Medicare and Medicaid coverage should include all evidence-based asthma management medications and equipment.
- Coverage of asthma management medications and equipment by private insurers should be improved.
- Access to insurance should be increased for children to promote early diagnosis and treatment.
- Insurance and HMO's have clauses excluding chronic or pre-existing conditions.
- Provide for "gap" patient, those who have no insurance and can't qualify for Medicaid.

D. Access to primary care physician (24 comments)

- A sliding fee scale should be developed for patients who cannot afford a physician or medications.

- Free/low cost medical clinics should be provided for under-served populations.
- "Medical homes" [on-going primary care services] should be provided for low income patients.

E. Asthma management plans (19 comments)

- Asthma management plans should be available to patients from their physicians, with specific instructions regarding peak flow meter usage/readings, maintenance medications, and rescue medications.
- All patients need a written asthma management plan.
- Multiple copies [of the asthma management plan] need to be shared [with permission] with patient, family, schools, employers, and childcare providers.
- Patient education should promote a partnership in asthma management.

F. Allied health professionals (18 comments)

- The involvement of allied health professionals needs to be increased.
  - Involve pharmacists, respiratory therapists, nurses, nurse practitioners, physician assistants.
  - Certified asthma educators [national standard and certification] can be used in many settings, such as, clinical, school, and community.
- Pharmacists are usually the best place for patients to go and get information about the drugs they are prescribed.

G. Access to specialists (18 comments)

- Access
  - Access to specialists in rural areas is almost non-existent.
  - In urban areas the wait for an asthma consultation is extensive.
  - Uninsured have little or no access to specialists.
- Referral
  - Many primary care physicians are reluctant to refer.
  - Patients and families are not sure at what point they should insist on seeing a specialist.
  - Many specialists require a referral, but obtaining one from the primary care provider is difficult.
  - Medicaid patients have an extremely difficult time getting referrals to specialists.

H. Emergency care (8 comments)

- Emergency rooms are often used for primary care in the management of asthma.
- Un-insured and under-insured are high utilizers.
- Programs that minimize the use of emergency care should be developed.
  - Increase follow-up through outpatient care.

I. Rural care (3 comments)

- Statewide programs to increase presence of primary care providers in rural areas should be supported.
- Outlying areas lack immediate care.

Element #3- Patient adherence (29 total comments)

Sample Comments

A. Patient/public perceptions (19 comments)

- If someone with asthma believes that they are stuck with the problems and complications that asthma brings into their life, then they believe that is as good as it gets and live that way.
- Many people with asthma hear the term asthma sufferers, and they believe that is what they are supposed to do…suffer.
- Children do not want other children to know they have asthma.
- Fear of the diagnosis of asthma stigma/myths can be a problem.
- Patients utilize fast-acting "rescue" medications rather than "controller" medications because they don't perceive an effect from "controller" medications.
- There is a fear of using steroid medications, because of confusion with anabolic steroids.

B. Ownership of personal asthma management plan (6 comments)

- Ownership of personal asthma management plan should be encouraged.

C. Prescription use (4 comments)

- Asthma medications are expensive and many patients are unable to afford the inhalers.
- Medications that are easy to take and easy to carry around increase adherence.

Element #4. Education (patient, physicians, and other health professionals) (196 Total comments)

Sample Comments

A. Patient education (107 comments)

- Patients would benefit from the adoption of a consistent protocol and/or program of education and instruction.
- Patients and their families need help in developing healthy and accurate expectations of what people with asthma can do.
- Forms or brochures from a pharmacy on how medication works may be effective.
- Patients and their families need help in understanding chronic disease.
- Patients who learn their early asthma symptoms can decrease exacerbations.
- Patients need to master effective skills in medication use.
- Help patients to master effective skills in equipment use.
- Parents and other family members should be provided with accurate information about their role in asthma management.
- Promoting prevention of attacks minimizes the need for emergency responses to asthma attacks.
- Patients should be empowered to take a pro-active rather than a reactive approach to the care and treatment of asthma.
- Patients should be encouraged to implement self-monitoring by use of peak flow [meters], environmental triggers awareness, and medication management.
- Patients should be encouraged to identify and avoid environmental triggers.
  - Identify triggers in all areas: home, school, childcare facility, work, and public places.

B. Physician and other health care professional education (89 comments)

- Consistent, widely accepted disease state management education is needed.
- Resources for accurate treatment information should be provided.
- Patient self-management is critical in successful asthma management.
- Case management utilizing multiple treatment strategies is necessary.
- Professional education increases positive patient outcomes.
- Physicians need education on how to educate their asthma patients.
- The use of spirometry by physicians should be increased.
  - Train primary care physicians in the use of spirometry.
  - Train physicians who perform school and sports physicals.
- Asthma treatment should be evidence-based.
- Multiple treatment strategies (interdisciplinary team approach) should be utilized.
  - Encourage a less proprietary approach to patient care.
- Teach that there is a correlation between obesity and asthma.
- Algorithms should be developed for the management of asthma exacerbations.

Element #5. Environmental tobacco smoke (21 total comments)

Sample Comments

A. Public areas (10 comments)

- Laws that eliminate exposure to environmental tobacco smoke in public areas are needed.
- No-smoking policies are needed in restaurants.

B. Schools and childcare facilities (7 comments)

- Laws and policies are needed to eliminate children's exposure to environmental tobacco smoke in childcare facilities.

C. Homes (4 comments)

- Children with continued asthma-related problems from adult secondhand smoke need protection.
- Failure/refusal of parents, extended family to stop smoking around children.

Element #6. Occupational impacts of asthma (19 total comments)

Sample Comments

A. Environmental triggers (15)

- More information is needed on how to identify chemical irritants and understand their impacts.
- Environmental tobacco smoke exposure should be minimized for all ages.

- Exposure to environmental triggers (indoor) should be decreased. (Primary indoor asthma triggers include environmental tobacco smoke, wood smoke, mold, furred and feathered pets, perfumes and scented products, dust mites, and cockroaches.)
  - Asthma triggers in specific buildings and areas of buildings.
  - Tools for Schools formats developed for business/employer use when evaluating a work place for asthma triggers.
  - Airtight buildings and mold/mildew problems.

B. Asthma education and management programs (4)

- Employers need to be engaged in asthma education and management.
- Asthma prevention/intervention programs must be developed.

Element #7. Air quality (57 total comments)

Sample Comments

B. Ambient (outdoor) air quality (41 comments)

- Outdoor air quality should be monitored and reported in real time instead of averaging the readings over a 24-hour period.
- Statewide collection and interpretation of outdoor air quality data is needed. The data should then be made available on the Internet.
- Field burning legislation is needed.
- Air shed management is needed.
- The number of air quality monitors should be increased.

B. Indoor air quality (10 comments)

- No agency is responsible for monitoring indoor air quality.
- Air quality groups should be identified to assist with indoor air quality problems.
- Asthma triggers need to be addressed in:
  - Homes
  - Childcare facilities
  - Schools
  - Worksites
  - Public access sites
- Home education on environmental triggers and home cleaning is necessary.

B. Education (6 comments)

- There is a need to understand air quality standards.
- Air pollution health effects education is needed.

Element #8. Health staff (16 total comments)

Sample Comments

A. School nurses (15)

- Full-time school nurses are needed in every school.
- Many schools do not have a school nurse to provide support and early detection.
- School nurses are not mandated in Idaho.
- A trained professional is needed on-site at all times to keep a critical situation from "going bad."
- School-based health clinics would be helpful.

B. Non-licensed staff (1)

- Non-licensed staff in schools are giving out medications.

Element #9. Asthma management plan (65 total comments)

Sample Comments

A. Statewide school asthma management (51 comments)

- There is a need for a statewide asthma management protocol for schools.
- A physician directed asthma management plan is needed for each child who has a diagnosis of asthma.
  - There should be a partnership between student, parents, school nurse, and physician.
- Peak flow [meter] readings should be taken at school and records kept of the readings for on-going asthma management.
- A child should be empowered to be involved with his/her own asthma management plan.

- There should be a consistent asthma management plan for home, school, and childcare.

B. Healthy school environment (14)

- The *Tools for Schools Program* should be used to identify the presence of environmental triggers. [*Tools for Schools* is a U.S. Environmental Protection Agency program that shows schools how to carry out a practical plan of action to prevent and resolve indoor air problems at little or no cost.]

Element #10. Access to medications (37 comments)

Sample Comments

A. Access (36 comments)

- Placement of medications with secretaries and teachers sometimes creates a barrier to access and use.
- Not having immediate access to medications endangers child.

B. Mis-use of medications (1)

- There is concern that children will mis-use or share their medications if they have possession of them.

Element #11. Asthma education (51 total comments)

Sample Comments

A. Asthma triggers (15 comments)

- It seems that many educators are unaware of what can trigger an asthma attack.

- There needs to be education about asthma triggers commonly found in schools and childcare facilities.
- Coaches and PE teachers may not know that exercise is an asthma trigger.

B. School staff (20 comments)

- Coaches, P.E. instructors, teachers, school staff, school counselors, and administrators should be educated about asthma.
- Teachers aren't always able to recognize when the student may be suffering an asthma attack.
- Childcare and pre-school staff need training on equipment use.

C. Children and peers (8 comments)

- Children should be provided with education and information about asthma.
- Young asthmatic children need to be taught how to manage their disease.
- Teach Open Air Ways for Schools. (Open Air Ways for Schools is a school-based asthma health education program for children with asthma produced by the American Lung Association.)

D. Parents (8 comments)

- [Caregivers and teachers] may not understand how serious asthma can be to a child's life.
- Parents need to understand school protocols regarding medications, treatment, and medical emergencies.

Element #12. Surveillance (tracking) (36 total comments)

Sample Comments

A. Prevalence (23 comments)

- Statewide surveillance of asthma (adult & child) prevalence and incidence should be conducted.
- An asthma registry should be developed.

B. Schools (9 comments)

- Many parents do not inform school personal of their child's asthma condition.
- Schools don't know all the students who have asthma.
- A classroom of thirty usually has two or more students with asthma.

C. Mortality (2)

- The number of deaths from asthma continues to climb.

D. Disparate groups (2 comments)

- Tribal Behavioral Risk Factor Surveillance System (BRFSS) data is needed.
- There is a need for disparate groups' data. [Disparate groups are those who differ from the predominant population. They may differ by gender, age, socio-economic status, or race/ethnicity, among others.]

Element #13. Community support groups (28 total comments)

Sample Comments

A. Community asthma prevention/intervention programs (11 comments)

- Develop education course for asthmatics and families on medication, diet, physiology, treatment.
- Help those with asthma to know that others experience the same problem.

B. Asthma camp (6 comments)

- Promote asthma camps; they are wonderful.
- Asthma camps are too expensive.

C. Self-advocacy (6 comments)

- Many individuals believe that they have to do the research on their own as to treatments, protocols, etc., and then present their findings to the physician.
- If patients have the Internet available, they will use the Internet to research what is available and how to deal with problems, and then either take the information to their physician or try techniques on their own.

D. Emotional support (5 comments)

- [Individuals with asthma] don't know where to go to get emotional support.
- People with asthma need to know that they are not alone in dealing with the life-changing issues caused by asthma.

Element #14. Asthma awareness (33 total comments)

Sample Comments

A. Environmental triggers (15 comments)

- There needs to be increased awareness of environmental asthma triggers.
- Education on identification of indoor and outdoor asthma triggers and how to manage asthma related to these triggers is needed.

B. Community resources (10 comments)

- Offer free screenings at a time of day that works for the working parent/patient.
- Make new medication updates available.
- Community asthma resources need to be developed.
- There needs to be a public asthma education center.
- In many cases community resources, such as the American Lung Association, are under utilized.
- People need to be connected with local appropriate medical resources.

C. Seminars (4 comments)

- There needs to be training/seminars so asthmatic conditions are recognized.
- Clinics around the area need to have awareness seminars.

D. Media (4 comments)

- Television, radio, and newspapers should be used to create visibility of issue.
- Positive role models such as athletes with asthma should be used for publicity.

Element #15. Coordination and collaboration (28 total comments)

Sample Comments

A. Statewide program (15 comments)

- A statewide asthma intervention/management program is needed.
- Consistent and persistent statewide messages must be developed.
- A statewide assessment and management plan based on asthma data for the State must be developed.
  - Develop quality improvement programs for asthma management.
- Use tobacco settlement dollars to fund asthma programs.

B. Asthma treatment participants (9 comments)

- There is a lack of coordination between all the different participants in treatment and management:
  - Physicians
  - Allied health professionals
  - Schools
  - Childcare providers
  - Patients/caregivers
  - Agencies and organizations

C. Government (4 comments)

- Coordination and collaboration between federal, state, and local agencies needs to be increased.

APPENDIX A

Publicity Samples

Space for District Letterhead

Contact Name (HD person), title
xxxx District Health Department
Street Address
City, Idaho Zip
Date
District Contact Phone number(s)

#For Immediate Release#

Health District to Sponsor Asthma Forum

"Every Breath You Take…Living With Asthma in Idaho" a forum to identify, prioritize, and make recommendations regarding local asthma issues will be held in (insert city), as part of the observation of National Asthma/Allergy Month. Sponsored by the xxxx District Health Department, this public forum will be held (insert date, time) at (insert place).

"Based upon data from the 2001 Behavioral Risk Factor Surveillance System and a 1999 survey of family practice physicians and school nurses, an estimated 120,000 Idahoans live with the effects of asthma", said (insert Director's name), Health District Director. "We are pleased that this meeting will provide an opportunity to bring local experts and community members together to talk about the impact of asthma in our communities", he/she said. The forum will feature (insert either speaker or panel members with brief description of who they are) who will share their professional views and personal experiences on asthma priorities. The public will then have an opportunity to ask questions and discuss their views on asthma priorities.

(more)

Space for District Letterhead

Contact Name (HD person), title
xxxx District Health Department
Street Address
City, Idaho Zip
Date
Phone number(s)

(add1)

The local forum is one of seven similar meetings being sponsored by Health Districts throughout the state.

"Information collected from the seven District-sponsored meetings will lead to the development of a statewide approach to the effective management of asthma", said (insert COHPS representative) District Health Promotion Specialist. "Our goals are to find effective ways to manage asthma and reduce its impact on Idahoans," she/he continued.

Comments and findings from the seven district meetings will provide the platform for the Idaho State Asthma Summit to be held in Boise, September 23rd and 24th of this year.

This project is funded through a grant from the Centers for Disease Control and Prevention. All interested community members are invited to attend. For more information please contact (insert district contact name and phone number).

(30)

Executive Department
State of Idaho

The Office of the Governor
State of Idaho

State Capitol
Boise

WHEREAS, 17 million Americans suffer from asthma; and

WHEREAS, asthma affects 7-10 percent of all preschool and school-aged children; and

WHEREAS, asthma is the leading cause of children's absence from school and is the fourth leading cause of adult work absences; and

WHEREAS, national costs resulting from asthma, including direct and indirect costs, were $11.3 billion in 1998; and

WHEREAS, approximately 120,000 Idahoans with asthma suffer varying levels of disability, decreased quality of life, and increased medical costs; and

WHEREAS, in the last ten years Idaho has had 222 deaths attributed to asthma; and

WHEREAS, public health experts predict that inadequate asthma treatment or adherence to treatment may lead to permanent lung damage and even death; and

WHEREAS, May 7, 2002, is World Asthma Day;

NOW, THEREFORE, I, DIRK KEMPTHORNE, Governor of the State of Idaho, do hereby proclaim the month of May 2002 to be

ASTHMA PREVENTION AND CONTROL MONTH

in Idaho. I urge participation by all local governments, organizations and citizens in alerting Idahoans that with proper diagnosis, good treatment, and effective management, asthma can be controlled, and the person with asthma can lead a full, active life.

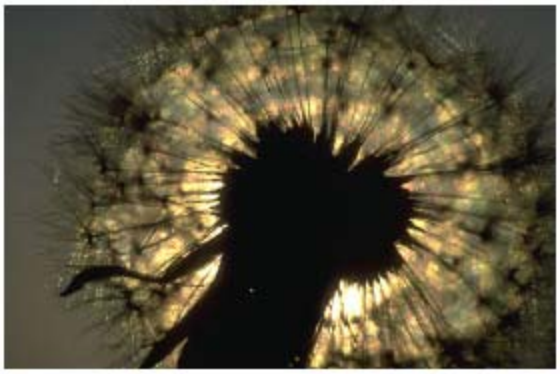
IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this first day of May in the year of our Lord two-thousand and two and of the Independence of the United States of America the two hundred twenty-sixth and of the Statehood of Idaho the one hundred twelfth.

DIRK KEMPTHORNE
GOVERNOR

PETE T. CENARRUSA
SECRETARY OF STATE

Every Breath You Take: Living With Asthma In Idaho

Come help establish direction for Idaho's state plan for asthma prevention and control.



Wednesday, May 8, 2002
4:00 - 6:30 p.m.

Southeastern District Health Department
1901 Alvin Ricken Drive - Pocatello, Idaho 83201

Forum Agenda

4:00 - 5:15 Panel Discussion
5:15 - 5:25 Break
5:25 - 6:10 Open Forum Discussion—
Let **your** voice be heard!
6:10 - 6:30 Forum Summary & Participant Evaluations

Who Should Attend?

Childcare providers, teachers, parents or guardians or other caregivers, individuals with asthma, policy makers, business or community leaders, school administrators, physicians, healthcare professionals, and public health advocates. All community members are welcome to attend!

For additional information
please call 478-6316.

APPENDIX B

Written Comments Form

(Space for District Letterhead)

Written Comments Form

Section I. Identification of Stakeholders

Please fill in the following information so that can identify you and groups you represent as interested parties in this Asthma Project.

Your Name (optional): _____

Phone Number (optional): _____ Date: _____

Organization(s) you represent: _____

Affiliation:
❑ Physician ❑ State agency ❑ Registered nurse
❑ Counselor ❑ Principal ❑ Childcare provider
❑ Business ❑ Asthma patient ❑ Respiratory therapist
❑ Parent ❑ Elected official ❑ Tribal representative
❑ Teacher ❑ School nurse ❑ Public health advocate
❑ Other _____

Are you involved in the direct delivery of services to support the treatment of asthma?
❑ Yes ❑ No

If yes, please describe.
_____
_____
_____
_____

Please describe why you are interested in asthma.
_____
_____
_____
_____

Are you willing to participate in a district-wide asthma coalition?
Yes ❑ No ❑

Section II. Identifying Challenges and Needs

In the space below please describe what you think are the biggest challenges and needs we face in successfully managing asthma in Idaho. (i.e. education, access to primary care, medications, treatment, insurance, etc.) What do you propose as solutions/remedies?

Section III. Resources and Responses

A. In your opinion, what resources within the state are being used effectively to respond to the challenges of managing asthma in Idaho?

Section III. Resources and Responses (continued)

B. What additional or enhanced resources would you suggest would be most beneficial in enhancing our response to the challenges of managing asthma in Idaho?

Section IV Additional Comments

Please use the space below to make any additional comments you have regarding the management of asthma in Idaho.

APPENDIX C
Attendee Distribution by Occupation or Organization

Health District Asthma Forums
May 2002
ATTENDEES BY OCCUPATION/ORGANIZATION

	District 1	District 2	District 3	District 4	District 5	District 6	District 7
American Heart Association				1			
American Lung Association			2	2	1	1	1
Business (non-medical)						1	
Childcare provider					1	1	
Community group	1		1			1	
Fire Department		1					
Head Start	1			2			
Health advocate		1		1			
Health & Welfare-regional		1	1	1			
Health District	6	4	2	5	3	2	1
Health student	1					1	2
Hospital	4	1	1	2			
Media	2	2					
Medicaid (State)				2			
Medical Clinic	2	2	3	3	1		
Medical Supply Co.	1		1	3		2	
Military				2			
Nurse	1	7			2		
Nurse Practitioner	1	2					
Pharmaceutical Co.	1	1		5		2	1
Pharmacist		1		4	1		
Physician	2	4	1			1	
Respiratory Therapist	2	1	1	1	2	1	1
School Nurse	4	6		2	2	1	1
State environmental agencies	3	2	1	3	2	2	2
Tribal health		1					
University/college	1	2	2	2	1	1	1
Unspecified		5	14	9		15	12

Physicians are under-represented since some chose to identify themselves by clinic affiliation while others chose hospital affiliation. Most attendees placed in the unspecified group are asthma patients and their family members.

APPENDIX D

Evaluation of Seven Health District

Asthma Forums

Evaluation of Seven Health District Asthma Forums

May 30, 2002

Overview

During the month of May asthma forums were conducted in each of the seven Health Districts in Idaho. Each forum was organized, promoted and conducted by individual Health District Coordinators. Panel discussions were conducted along with question and answer sessions in each forum. The objective was to create dialogue that would identify key needs, resources and issues that can be incorporated into a statewide Asthma Management Plan.

TCT was contracted by the State to evaluate the forums. The evaluation was conducted through the distribution of an evaluation questionnaire that was distributed to all participants in each of the seven forums.

The evaluation tool contained 11 statements addressing aspects of the forum. Participants were asked to indicate their agreement or disagreement with each statement using a 4 point scale, with 1 indicating "strongly disagree" and 4 indicating "strongly agree". A copy of the survey instrument is attached.

Data from completed questionnaires was entered into an Excel spreadsheet and then analyzed using the SPSS statistical program. Comments from the questionnaires were transcribed and are included in this report.

Thompson Consulting & Training • P.O Box 2210 Eagle, ID 83616
Voice (208) 938-5098 • Fax (208) 938-4584 • E-mail randy@tctconsult.com

Results

Question	1	2	3	4	Avg.
I was encouraged to express my views.	0.0%	2.7%	20.0%	77.3%	3.75
I felt comfortable expressing my views.	0.0%	6.7%	28.0%	65.3%	3.59
The presenters were responsive to participant concerns.	0.0%	0.0%	8.0%	92.0%	3.92
Adequate time was given for questions, answers and discussions.	0.0%	1.4%	12.3%	86.3%	3.85
Lay language was used so everyone could understand.	0.0%	0.0%	43.8%	56.2%	3.56
I was interested in the proceedings.	0.0%	0.0%	15.7%	84.3%	3.84
I received materials to review before the meeting	6.7%	5.3%	17.3%	70.7%	3.52
All agenda items were discussed.	0.0%	0.0%	26.1%	73.9%	3.74
Conflicts were resolved to the satisfaction of each party.	0.0%	3.1%	40.6%	56.3%	3.53
I understand the purpose of the meeting.	0.0%	1.4%	17.6%	81.1%	3.80
I understand the process that will be followed to create a State asthma plan.	0.0%	3.9%	26.3%	69.7%	3.66

Statistical Analysis

Multiple Analysis of Variance (MANOVA) was run on the data to determine if any significant differences existed between responses from the seven Health Districts. Results of the MANOVA indicated no significant differences in responses between any of the Health Districts.

Comments

The creation of a state plan is a good idea!
The program was very good and educational. Thank you.
Very informative and helpful.
Excellent presentation, great moderator and panelists!
Very informative.
Some booklets did not contain all the materials.
The moderator, Dr. Thompson, was great.
Excellent forum. Thank you.
Excellent information, very informative, atmosphere was relaxing & food was good.
Very good!
It would be helpful to have some numbers to back up the claims.
Support groups for all age levels would be good.
The meeting was too long.
Excellent workshop.
Great discussion!
Needed more time for open discussion.
Time well spent.
Thank you. I really appreciated all issues covered.
No direct conflicts were observed.
You cannot single out one causative agent that presents to this problem. There are multiple factors.
Dan Redline's presentation was too complex. I am anxious to see that outcomes of this forum. I hope to learn how to better educate health care providers and individuals interested in care of the findings of these forums [sic].
Very nice atmosphere, well-organized, and good participation
Great meeting!

Evaluation checklist Form for Asthma Forum
May ___, 2002
_____, Idaho

Openness	Great Extent	Some Extent	A Little	Not at All	Comments
I was encouraged to express my views.	4	3	2	1	
I felt comfortable expressing my views.	4	3	2	1	
The presenters were responsive to participant concerns.	4	3	2	1	
Adequate time was given for questions, answers and discussions.	4	3	2	1	
Lay language was used so everyone could understand.	4	3	2	1	
I was interested in the proceedings.	4	3	2	1	
I received materials to review before the meeting	4	3	2	1	
All agenda items were discussed.	4	3	2	1	
Conflicts were resolved to the satisfaction of each party.	4	3	2	1	
I understand the purpose of the meeting.	4	3	2	1	
I understand the process that will be followed to create a State asthma plan.	4	3	2	1	

General Comments

APPENDIX E

Counties Represented at

Health District Asthma Forums

COUNTIES REPRESENTED AT HEALTH DISTRICT ASTHMA FORUMS